

Case Number:	CM14-0034180		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an injury on 2/15/12, after stepping into a rabbit hole and fell down a hill with loss of consciousness, while employed by [REDACTED]. The request(s) under consideration include Additional Physical Therapy Quantity: 6. The patient has previous history of lumbar laminectomy at L5-S1 in 1988 and now status post right shoulder arthroscopy with subacromial decompression/distal clavicle resection, and rotator cuff repair in May 2012, with revision and debridement on 2/27/13, with at least twenty-eight (28) post-operative physical therapy (PT) visits. Conservative care has included medications (Percocet, Motrin, Flexeril), physical therapy, multiple lumbar epidural steroid injections, lumbar facet blocks, and rest/off work. The report of 3/5/14 from the provider noted the patient with ongoing chronic low back pain that has gradually increased since the lumbar epidural injection and tapering of Oxycontin from 30mg to 10mg. The patient also takes Percocet for breakthrough pain and Flexeril for spasm. An exam showed positive straight leg raise with pain down the S1 distribution; mild tenderness to palpation of bilateral lumbar paraspinal muscles; moderate pain on lumbar extension and rotation. The diagnoses included lumbar radiculopathy. The treatment plan included increasing Oxycontin, dispensing other meds, and continued modified duty. The patient remains off work. A Report of Request(s) for Additional Physical Therapy Quantity: 6 was non-certified on 3/1/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Six (6) additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Physical medicine Page(s): 48 and 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline, with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for nine to ten (9-10) visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request is not medically necessary and appropriate.